MICHIGAN DEPARTMENT OF STATE MOTORCYCLE RIDER SAFETY TRAINING PROGRAM **VOIDED COMPLETION CERTIFICATE LOG** SPONSOR NAME: DATE: RERP: **COMPLETION CERTIFICATE LISTING** CERTIFICATE NUMBER **VOID** MISSING RETURNED REPLACED **COMMENTS** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 The Michigan Department of State Completion Certificates inspected and found to be correctly voided, replaced, or missing with comment as noted on the entry above: Signature of Sponsor Representative Signature of MDOS Inspector Printed name of MDOS Inspector Printed name of Sponsor Representative